


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	<i>Donald RENKOWIC</i>	COURT CASE NUMBER	<i>04-30202 MAP</i>
DEFENDANT	<i>Sheriff Frederick Macdonald</i>	TYPE OF PROCESS	<i>Civil</i>

SERVE  **AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	<i>Sheriff Frederick Macdonald Franklin House of Correction</i>
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	<i>160 Elm St Greenfield Mass 01301</i>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
<i>Donald RENKOWIC</i>	Number of parties to be served in this case
<i>160 Elm St</i>	Check for service on U.S.A.
<i>Greenfield Mass 01301</i>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Ali Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<i>[Signature] Pro Se</i>			<i>10-19-04</i>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>38</i>	District to Serve No. <i>38</i>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <i>11/18/04</i>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <i>11/18/04</i>
	Time <i>am</i>
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: *11/18/2004 Served Cert. Ret Rec Mail. McN*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Franklin County, MO
160 Elm Street
Greenfield, MA 01301

attn: Legal Dept

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery
11/18/04

C. Signature

[Signature]

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7000 1530 0002 9435 1217

102595-00-M-0952

3811, July 1999

Domestic Return Receipt

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	DONALD RENKOWIC	COURT CASE NUMBER	04-30202 MAP
DEFENDANT	Deputy Superintendent SHEPERD	TYPE OF PROCESS	CIVIL

SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	DEPUTY SUPERINTENDENT - SHEPERD

AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	160 Elm St. GREENFIELD, MASS, 01301

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
DONALD RENKOWIC	Number of parties to be served in this case
160 Elm St	Check for service on U.S.A.
GREENFIELD, MASS 01301	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

10-19-04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 38	No. 38	[Signature]	11/1/04

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	
Date of Service 11/18/04 Time Signature of U.S. Marshal or Deputy [Signature]	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: 11/18/2004 Served Cert. Ret Rec Mail. mcn

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

Donald RENKOWIC

DEFENDANT

DEPUTY SUPERINTENDENT - FRITZ PATRICK

COURT CASE NUMBER

04-30202 MAP

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



DEPUTY SUPERINTENDENT FRITZ PATRICK - FRANKLIN COUNTY HOUSE OF CORRECTION

AT

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

160 Elm ST Greenfield, Mass, 01301

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Donald RENKOWIC
160 Elm ST
Greenfield Mass 01301

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

10-19-04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 31

District to Serve

No. 31

Signature of Authorized USMS Deputy or Clerk

Donald W. Kelly

Date

11/1/04

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

11/1/04

Signature of U.S. Marshal or Deputy

Amie C. Brown

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS: 11/18/2004 Served Cert. Ret Rec Mail. MCN



U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <i>DONALD RENKOWIC</i>		COURT CASE NUMBER <i>04-30202 MAP</i>						
DEFENDANT <i>SUPERINTENDENT FORBES BYRON</i>		TYPE OF PROCESS <i>Civil</i>						
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>SUPERINTENDENT FORBES BYRON FRANKLIN HOUSE OF CORRECTION</i>							
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>160 Elm ST. GREENFIELD MASS 01301</i>							
AT								
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:								
<div style="display: flex; justify-content: space-between;"> <div> <i>Donald RENKOWIC</i> <i>160 Elm ST.</i> <i>GREENFIELD, MASS 01301</i> </div> <div> <table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table> </div> </div>			Number of process to be served with this Form - 285		Number of parties to be served in this case		Check for service on U.S.A.	
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service): Fold								

Fcld

Signature of Attorney or other Originator requesting service on behalf of: <i>Donald Renkowic Pro Se</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <i>10-19-04</i>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>38</i>	District to Serve No. <i>38</i>	Signature of Authorized USMS Deputy or Clerk <i>Donald W. Spelly</i>
				Date <i>11/1/04</i>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)				
Name and title of individual served (if not shown above)			<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)			Date of Service <i>11/18/04</i>	Time am pm
			Signature of U.S. Marshal or Deputy <i>Amie C. [Signature]</i>	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits
Amount owed to U.S. Marshal or			Amount of Refund	
REMARKS: <i>11/18/2004 Sept. Cert Mail Ret Rec MCV</i>				

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	DONALD RENKOWIC		COURT CASE NUMBER	04-30202 MAP
DEFENDANT	FRANKLIN COUNTY HOUSE OF CORRECTION + JAIL		TYPE OF PROCESS	CIVIL
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	FRANKLIN COUNTY HOUSE OF CORRECTION AND JAIL			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	160 Elm ST - GREENFIELD, MASS, 01301			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	
Donald Renkowic 160 Elm St Greenfield Mass 01301			Number of parties to be served in this case	
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Ali Telephone Numbers, and Estimated Times Available For Service):
Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 30	District to Serve No. 30	Signature of Authorized USMS Deputy or Clerk Paul W. Kelly	Date 11/1/04
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service 11/18/04	Time ar1
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Signature of U.S. Marshal or Deputy

amie C. Am

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: 11/18/2004 served cert mail Ret Rec MCV